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**FROM:** Terry W. Kramer  
KRAMER & AMADO, P.C.

**DATE:** April 10, 2006

**SUBJECT:** U.S. Patent Application  
Title: MOBILE DEVICE, AUXILIARY RENDERING  
DEVICE AND ARRANGEMENT  
Serial No.: 09/989,255  
Attorney Docket No.: TW 000008

**PAGES:** INCLUDING COVER PAGE (24)

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- Fee Transmittal Form (2 copies, 1 page each)
- Credit Card Payment Form (2 copies, 1 page each)
- Appeal Brief (16 pages)
- Petition for Extension for Time (2 copies, 1 page each)

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PTO/SB/21 (09-04)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/989,255	
	Filing Date	November 20, 2001	
	First Named Inventor	Ming-Hung Lin	
	Art Unit	2686	
	Examiner Name	Bryan J. Fox	
Total Number of Pages in This Submission	23	Attorney Docket Number	TW 000008

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Kramer & Amado, P.C.		
Signature	<i>Terry W. Kramer</i>		
Printed name	Terry W. Kramer		
Date	April 10, 2006	Reg. No.	41,541

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Signature	<i>Angelica Rodriguez</i>		
Typed or printed name	Angelica Rodriguez	Date	4/10/2006

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APR 10 2006

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PTO/SB/17 (01-06)

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**FEE TRANSMITTAL**  
**For FY 2006**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 620.00

**Complete if known**

Application Number 09/989,255

Filing Date November 20, 2001

First Named Inventor Ming-Hung Lin

Examiner Name Bryan J. Fox

Art Unit 2686

Attorney Docket No. TW 000008

**METHOD OF PAYMENT (check all that apply)**☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 50-0578 Deposit Account Name:

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**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

200

100

**Total Claims****Extra Claims****Fee (\$)****Fee Paid (\$)****Multiple Dependent Claims**

360

180

**Indep. Claims****Extra Claims****Fee (\$)****Fee Paid (\$)****- 3 or HP =****Extra Claims****Fee (\$)****Fee Paid (\$)**

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets****Extra Sheets****Number of each additional 50 or fraction thereof****Fee (\$)****Fee Paid (\$)**

- 100 =

/ 50 =

(round up to a whole number) x

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

**Fees Paid (\$)**

Other (e.g., late filing surcharge): Appeal Brief (500.00) and Extension of Time (120.00)

620.00

**SUBMITTED BY**

Signature



Registration No.

(Attorney/Agent) 41,541

Telephone 703-519-9801

Name (Print/Type) Terry W. Kramer

Date April 10, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (01-06)

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# FEE TRANSMITTAL For FY 2006

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Examiner Name Bryan J. Fox  
Art Unit 2686  
Attorney Docket No. TW 000008

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☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):  
☒ Deposit Account Deposit Account Number: 50-0578 Deposit Account Name:  
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
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## FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

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Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims		
- 20 or HP =		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims		
- 3 or HP =		
HP = highest number of independent claims paid for, if greater than 3.		

### 3. APPLICATION SIZE FEE

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)  
Other (e.g., late filing surcharge): Appeal Brief (500.00) and Extension of Time (120.00)  
620.00

### SUBMITTED BY

Signature Terry W. Kramer  
Name (Print/Type) Terry W. Kramer  
Registration No. (Attorney/Agent) 41,541  
Telephone 703-519-9801  
Date April 10, 2006

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